DRG OUTLIER CALCULATION DATA ENTRY

For discharges 07/01/13 through 09/30/15

Provider #:	
Provider:	
Recipient ID:	
Covered Days:	32
Admission Date	03/01/15
Discharge Date:	04/02/15
Transfer:	N
Total Charges:	\$175,000.00
Non-Covered Charges:	\$0.00
DRG Code:	26
DRG Description:	Craniotomy & Endovascular Intracranial Procedures W CC
DRG Relative Weight:	3.2993
DRG Average Length of Stay	5.4
DRG Length of Stay Threshold - Short:	2
DRG Length of Stay Threshold - Long:	22
Hospital DRG Base Rate:	\$5,891.63
Hospital DRG Capital Rate:	\$383.58
Hospital I/P Cost to Charge Ratio:	0.3004
Hospital Regular DRG Payment:	\$ 20,703.80
Hospital Cost Outlier Payment:	\$ 10,775.57
Hospital Long Stay Outlier Payment:	-
Hospital Short Stay Outlier Payment:	-
Hospital Transfer Payment:	\$ -
Total Payment	\$ 31,479.37

COST OUTLIER CALCULATION

	Provider:			
	Provider #:		_	
	Recipient ID:	00000000		
	Discharge Date:	04/02/15		
	DRG Code:	026		
	COV	ERED CHARGES TO CONSIDE	ER:	
1	Total Charges on Ren			\$175,000.00
2	-		\$0.00	
3	e		\$	175,000.00
	STATE	WIDE AVERAGE DRG PAYM	ENT	
4		RG Rate (Effective 11/01/11)	\$	5,925.58
5	Multiplied By: DRG's			3.2993
6	Statewide Average D	•	\$	19,550.27
7	Multiplied By: 2			2
8	Twice the Statewide Average DRG Payment		\$	39,100.54
	HOSPI	TAL INDIVIDUAL DRG PAYM	ENT	
9				\$6,275.21
10	1			3.2993
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11	Hospital's DRG Paym	ent	\$	20,703.80
11 12	Hospital's DRG Paym Plus: \$16,000	ent	\$ \$	20,703.80
	-			
12	Plus: \$16,000 Hospital DRG Payme	nt + \$16,000	\$	20,703.80 16,000.00 36,703.80
12	Plus: \$16,000 Hospital DRG Payme	nt + \$16,000 NAL PAYMENT FOR COST OU	\$	20,703.80 16,000.00 36,703.80
12 13	Plus: \$16,000 Hospital DRG Payme ADDITIO Covered Charges to C	nt + \$16,000	\$ \$ J TLI I	20,703.80 16,000.00 36,703.80 ER
12 13	Plus: \$16,000 Hospital DRG Payme ADDITIO Covered Charges to C	nt + \$16,000 NAL PAYMENT FOR COST OU Consider for Cost Outlier cal's Cost To Charge Ratio	\$ \$ JTLII \$	20,703.80 16,000.00 36,703.80 ER 175,000.00
12 13 14 15	Plus: \$16,000 Hospital DRG Payme ADDITIO Covered Charges to C Multiplied By: Hospit	nt + \$16,000 NAL PAYMENT FOR COST OU Consider for Cost Outlier cal's Cost To Charge Ratio Case	\$ \$ JTLII \$	20,703.80 16,000.00 36,703.80 ER 175,000.00 0.3004
12 13 14 15 16	Plus: \$16,000 Hospital DRG Payme ADDITIO Covered Charges to C Multiplied By: Hospit Cost of Services for C	nt + \$16,000 NAL PAYMENT FOR COST OU Consider for Cost Outlier cal's Cost To Charge Ratio Case	\$ \$ UTLII \$ \$	20,703.80 16,000.00 36,703.80 ER 175,000.00 0.3004 52,570.0000
12 13 14 15 16 17	Plus: \$16,000 Hospital DRG Payme ADDITIO Covered Charges to C Multiplied By: Hospit Cost of Services for C Greater of Line 8 and Difference	nt + \$16,000 NAL PAYMENT FOR COST OU Consider for Cost Outlier cal's Cost To Charge Ratio Case	\$ \$ UTLII \$ \$ \$	20,703.80 16,000.00 36,703.80 ER 175,000.00 0.3004 52,570.0000 39,100.54